

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766772

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: ECONFINA ENVIRONMENTAL CLUB, INC.

**Current Principal Place of Business:**

1001 HARRISON AVENUE  
C/O ELLIS E. FOWHAND  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

1001 HARRISON AVENUE  
C/O ELLIS E. FOWHAND  
PANAMA CITY, FL 32401

**New Mailing Address:**

FEI Number: 59-2879727      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOWHAND, ELLIS E.  
1001 HARRISON AVENUE  
PANAMA CITY, FL 32401      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: GARNER, JAMES  
Address: 501 W. 19TH ST.  
City-St-Zip: PANAMA CITY, FL

Title: D ( ) Delete  
Name: DAVIS, GROVER  
Address: 3024 KINGS HARBOUR ROAD  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: COOK, JAMES T. III,  
Address: 504 CHERRY ST  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: ISLER, CHARLES S. II, I  
Address: 434 MAGNOLIA AVE.  
City-St-Zip: PANAMA CITY, FL

Title: VD ( ) Delete  
Name: CAMPBELL, JAMES D.  
Address: 7 WEST 23RD STREET  
City-St-Zip: PANAMA CITY, FL 32405

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIS E. FOWHAND

RA

02/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date